



**Commonwealth of Massachusetts
Health Care Quality and Cost Council
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Chair

KATHARINE LONDON
Executive Director

Health Care Quality and Cost Council Retreat

Meeting Minutes

Date: Monday, June 30, 2008
Time: 9:00 AM – 3:00 PM
Place: Worcester State College
Student Center – Blue Lounge
486 Chandler Street, Worcester, MA

Council Members Present: JudyAnn Bigby (Chair), Kevin Beagan, Elizabeth Capstick, James Conway, David Friedman, Kenneth LaBresh, Joseph Lawler, Tom Lee, Shannon Linde, Katharine London, Dolores Mitchell, Gregory Sullivan, and Anya Rader Wallack.

Meeting called to order at 9:00am

Welcome

JudyAnn Bigby, Chair

JudyAnn Bigby introduced Joel S. Weissman, Ph.D., who served as the retreat facilitator. Dr. Weissman is a Senior Health Policy Advisor to the Secretary of the Executive Office of Health and Human Services. Dr. Weissman is currently on leave from MGH/Harvard, where he held faculty appointments at the Institute for Health Policy at Massachusetts General Hospital, the Department of Health Care Policy, and the Department of Health Policy and Management at the Harvard School of Public Health.

I. Introduction

Joel Weissman, Facilitator

- Joel Weissman began the meeting by discussing a recent Boston Globe article that highlights the cost versus the benefits of purchasing a CT scanner for a medical practice. Issues mentioned in the article looked at the impact that such technology has on the cost and quality of Health Care immediately following purchase and over-time.
- The Council discussed the diffusion of technology and the effect it has on the quality of care and increases in health care costs. The Council agreed that the current system promotes higher consumption, which drives costs up without improving the quality of healthcare.
- The discussions lead to a conversation about the Council's role and responsibilities in responding to these issues.

II. Developing a Theoretical Framework

The Council discussed the relationship between Quality and Cost, both nationally and in Massachusetts. The Council also reviewed key criteria's for establishing priorities and for positioning itself in the issues and in the solutions. The following is a list of the points made during the discussion.

Theoretical Framework

- Diffusion of technology can lead to decreased quality and increased cost
- Lack of evidence based medicine
- Drive volume up without value
- FFS is dominant issue
- P\$P and PR → quality up and cost?
- PR Q&C
- Variation
- More research
- Education
- Malpractice
- Transparency across system – including insurance and payer
- Transparency vs. translucency
- Public unaware
- Rec(?) of design
- Consumers need to be more of a participant
- More on prevention
- Political influence
- Lifestyle education
- Hw to use ED
- Consumer protection
- Gather and analyze information → many AMC's
- Managed care is a problem
- Audacity – do all that is possible?
- Innovation has value
- Impact on populations
- More specialists
- Rich benefit levels/.moral hazard
- Behavior change
- Create a culture of questioning
- Coordinate data

III. Council Successes to Date

Members of the Council discussed the Council's successes and accomplishments to date. Members mentioned the following as the Council's major accomplishment in FY08.

- The Council created a forum for discussing issues on a regular basis
- The Council has avoided major mistakes and instead has succeeded in
 - building a Collaboration
 - and Careful deliberation and attention to detail
- The Council has succeed in Collecting information and Data
- The Council has identified 3 critical links between quality and cost
 - HAIs, CD MLT, FDL
- The Council has avoided reinventing the wheel and adding burden
- The Council is well respected in public forums

- The Council has paid attention to communication (between all moving pieces)
- Making do with resources available

Councilors listed these Strengths & Abilities:

- An Auxiliary Staff (Councilors' staff and advisory committee members)
- Ability to Collect, Analyze, and Report Data
- Power to require plans and providers to submit data and information
- Ability to bring focus and to give direction
- Power to stimulate alignment
- Road influence
- Set benchmarks
- Focused statute
- Recommendations and policy
- Cost panic
- Payers recognize
- Communications
- Shared responsibility and pride

Councilors listed the following Limitations.

- No line authority
- Limited budget
- No mandate authority
- Spread too thin
- Lots of actors
- Constituencies not represented
- Too big
- Lack of brand
- (Paths to success)

IV. Recommendations from the Advisory Committee on the Council's priorities for FY09

The Council heard from the following Advisory Council members who made recommendations and suggestions related to the Council's work, the cost and quality website project and the FY09 plans and priorities.

Karen Nelson – Massachusetts Health Association

- Involve providers early on
- Focus on value
- Resist adding complexity
- Stick with principles of reporting and transparency

Jack Evjy– Massachusetts Medical Society

- Knowledge and data as levers
- Generate expert opinions re: quality
- Advisory Committee can help especially education, communication, and advocacy

Deborah Wachenheim – Health Care for All

- Engage patients and families as partners
- Encourage coordination and transparency (medical home)
- Disclosure of errors
- Look at medical errors

Others

- focus on cost
- consensus builder
- give assignments to Advisory Committee

V. Overview: Council Areas of Focus

Katharine London

Katharine London, Executive Director of the Health Care Quality and Cost Council, reviewed the Council's potential areas of focus for fiscal year 09. The possible areas of focus discussed included developing goals for improving quality and containing cost, while reducing racial disparities in health care. Identifying steps to achieve the goals, including cost estimates and potential financial savings were discussed, as were the coordination of the implementation of improvement goals, developing performance benchmarks for the Council's FY '08 goals, and establishing and maintaining the quality and cost information website.

VI. Website and Communications Opportunities

Website Development: Afsana Akhter, Medullan

Ms. Afsana Akhter of Medullan updated the Council on the development of the Cost and Quality website. She reviewed the original website plan and changes made. Afsana discussed extending work on version one into August 2008 (FY '09) and adjusting the development of version two.

Ms. Akhter reviewed the activities required for the initial launch, including continued application development, data validation, finalizing content, and beta, accessibility, and security testing. Additionally she explained the priorities for version two, differentiating between the "high value, low complexity" features such as increased printing abilities and usage tracking, and "high complexity, high cost" features that would require more intensive work to complete and be more expensive to add.

Communications: Lauren Louison, SolomonMcCown

Lauren Louison from SolomonMcCown presented the Council with proposed communications activities for the website. Lauren also made recommendations as to which activities would be most effective and when those activities could be most effectively used. The communication proposals included a preview event in the State House for Massachusetts House and Senate Committee leaders and staff, the ambassadors program, an outreach effort targeted through major influencers in each region of the Commonwealth.

Lauren mentioned connecting through libraries to reach consumers without internet access in their homes. She also suggested market research with surveys and focus groups at least a year after the website launch.

VII. Coordination with Other State Quality and Cost Initiatives

JudyAnn Bigby

JudyAnn Bigby reviewed the Commonwealth's HealthyMass initiative. HealthyMass is an effort among a number of state agencies to work together to achieve common goals in health care in areas

such as administrative simplification, and performance measurement. The Secretary also discussed the Commonwealth's involvement in the Commonwealth Fund's Quality Improvement Institute.

VIII. Prioritization Exercise: Council's Areas of Focus

The Council engaged in a prioritization exercise to help identify from the numerous areas of focus those issues which Council members felt were the most important or urgent for FY09. Each Council member was given six dot stickers and asked to place them on a chart next to the issues they felt should be of priority in FY09.

Council Areas of Focus (results)

- A. Develop health care quality improvement goals that are intended to lower or contain the growth in health care costs while improving the quality of care, including reductions in racial and ethnic health disparities.
 1. Establish goals for the Commonwealth in areas the Council has not yet addressed in detail (e.g. payment reform, administrative simplicity, health information technology), and recommend steps required to meet those goals.
* **12 votes**
 2. Collect and analyze data and information submitted by health insurers and providers in order to develop goals.
* **6 votes**
- B. Identify the steps needed to achieve the goal; estimate the cost of implementation; project the anticipated short-term or long-term financial savings achievable to the health care industry and the commonwealth, and estimate the expected improvements in the health status of health care consumers in the commonwealth.
 1. Recommend more specific activities to meet goals established in FY08
* **5 votes**
 2. Conduct/procure studies to inform the development of additional recommended strategies
* **0 votes**
 3. Conduct/procure more in-depth cost/benefit analysis of FY08 goals and recommended strategies
* **7 votes**
 4. Build a scenario to meet the Council's cost goal of reducing the growth in health care costs to no more than the growth in Gross Domestic Product (GDP) by 2012.
* **7 votes**
 5. Evaluate the results of the RAND study and use this information to develop more detailed strategies.
* **0 votes**
- C. Coordinate the implementation of health care quality improvement goals that are intended to lower or contain the growth in health care costs while improving the quality of care, including reductions in racial and ethnic health disparities
 1. Coordinate the implementation of the Council's FY08 recommended strategies
* **0 votes**

2. Coordinate improvement efforts underway among various organizations across the Commonwealth
* **6 votes**
3. Conduct public hearings to obtain input from health care industry stakeholders, health care consumers and the general public regarding the goals and the performance measurement benchmarks.
* **0 votes**
4. Take steps to communicate the goals and recommended strategies to stakeholders.
* **3 votes**
5. Draft legislative language implementing goals and recommended strategies and submit for consideration by the legislature.
* **0 votes**
6. Conduct/procure utilization analyses and studies.
* **7 votes**

D. Develop and publish performance measurement benchmarks for the Council's FY08 goals

1. Establish methods for measuring progress toward meeting FY08 goals and recommended strategies
* **2 votes**
2. Establish performance benchmarks for measuring achievement of FY08 goals
* **5 votes**

E. Establish and maintain a consumer health care quality and cost information website.

1. Collect health care claims data for fully-insured plans from health insurance carriers (in progress – do not need to prioritize)
2. Aggregate quality and cost data and calculate cost measures (in progress for hospitals – do not need to prioritize)
3. Expand data collection to include self-insured plans, Medicaid, connector and Medicare data
* **4 votes**
4. Launch consumer-friendly website (imminent – do not need to prioritize)
5. Expand functionality of consumer-friendly website
* **0 votes**
6. Expand hospital quality and cost measures displayed on website
* **2 votes**
7. Expand quality and cost measures displayed on website to include other provider types
* **6 votes**
8. Market the website to consumers and providers
* **0 votes**
9. Expand transparency to include other key elements of the health care system including payer functions and their accounts
* **5 votes**

IX. Establishing the Council's FY09 Agenda

The Council discussed the following items.

Website

- Make it functional
- Avoid mistakes
- V2 implementation, especially low-cost
- Expand/begin beyond hospitals
 - Plan, budget, approve, and (maybe) execute
- Communicate – plan, budget, approve and execute
- Commodify
- Develop the ask

Cost Containment

- Re-prioritize budget for data analysis
- Ask for money (budget) sooner
- Administrative simplification
- Build 3 year plan/scenario/roadmap
- Quantify problem/solutions
 - look at RAND menu
- Create an innovation pool
- Payment reform
- Next step: FY'09 framework

X. Closing Discussion

The Council agreed that its FY09 priorities would be to:

- (1) Successfully launch its health care quality and cost information website, and
- (2) Develop a Roadmap for Cost Containment for the Commonwealth. The Roadmap will lay out in specific, concrete terms how the Commonwealth of Massachusetts will reduce the growth in health care costs to no more than the growth in Gross Domestic Product by 2012.

Meeting Adjourned at 3:00pm